

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. 161-033011-012 Company Liberty Mutual

☐ Certified copy is hereby furnished.

☒ Certified copy is filed with the county building inspection department.

Date 11/1/93 Applicant InterCity

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 587709 Lic. Class 36

Contractor InterCity Date 12/11/92

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Signature _____ Date: _____

SINGLE FAMILY

HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Plumbing, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Permittee M. Serrano Date 12/11/92

20-0026 DPW 4/90
76A667A

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

DEPT. OF PUBLIC WORKS

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FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS <u>4813 Hubbard St</u>	
NUMBER	FIXTURE OR ITEM	@	FEE	LOCALITY <u>LA</u>	NEAREST CROSS ST. <u>Wood</u>
	WATER CLOSET (TOILET)			OWNER <u>Jorge Serna</u>	MAIL ADDRESS <u>same</u>
	BATH TUB			CITY <u>LA</u> TEL. NO. <u>262 1492</u>	
	SHOWER			CONTRACTOR <u>InterCity Energy</u>	
	LAVATORY			ADDRESS <u>5721 Union Pacific</u>	
	SINK			CITY <u>LA</u> TEL. NO. <u>27905</u>	
	DISHWASHER			STATE LICENSE NO. <u>587709</u> LIC. CLASS <u>36</u>	
	CLOTHES WASHER			DISTRICT NO. <u>6</u> PROCESSED BY <u>Gm</u>	
	SWIMMING POOL RECEPTOR			FINAL DATE	VALIDATION
	LAWN SPRINKLER SYSTEMS			FINAL BY	
<u>1</u>	WATER HEATER		<u>10 00</u>	<u>5240005-017</u> <u>expired 1996</u>	
	GAS SYSTEM	OUTLETS			
	OUTLETS OVER 5 PER SYSTEM				
	HOSE BIB				
Plan check fee					
PLUMBING PERMIT ISSUING FEE \$				<u>17</u>	<u>10</u>
TOTAL FEE				<u>27</u>	<u>10</u>
Plan check applicant					
Name					
Address					
City Tel. No.					

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*2710 8

023-5783

12-47

12-11-92

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INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

JOB
ADDRESS

4813 Hubbard

OWNER

① cover must be
removable for
inspection and
access.

② ~~for~~ brace vent
a turn it on top.

call for
reinsp.

3/16/93 Mc Garcia

DATE

INSPECTOR'S SIGNATURE